

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury VT 05671-2060
<a href="http://www.dail.vermont.gov">http://www.dail.vermont.gov</a>

Survey and Certification Voice/TTY (802) 241-0480

To Report Adult Abuse: (800) 564-1612

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

May 11, 2018

Rose Mary Mayhew, Manager Bel Aire Center 35 Bel Aire Drive Newport, VT 05855-4953

Dear Ms. Mayhew:

The Division of Licensing and Protection completed a re-licensing survey and incident investigation at your facility on **April 30, 2018**. The purpose of the survey was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of either the annual re-licensing survey or incident investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

Pamela Cota, RN

amlaMCHaRN

Licensing Chief

FORM APPROVED Division of Licensing and Protection STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_\_\_ 0104 B. WING 04/30/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 35 BEL AIRE DRIVE **BEL AIRE CENTER** NEWPORT, VT 05855 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) R100 Initial Comments: R100 An unannounced onsite re-licensing survey and self-reported incident investigation was conducted by the Division of Licensing and Protection on 4/30/18. The home was found to be in substantial compliance with Residential Care Home regulations.

Division of Licensing and Protection LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE